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On  
Typhus Fever

Wm. A. Poindester  
admitted March 26. 1819

Wm. B. Smith  
and the Board of Missions

## Typhus Fever

This disease so formidable in the eyes of the world on account of its supposed highly contagious nature, and which the dread of young practitioners from the intricateness of the course they have to pursue in its treatment has been divided by Nosologists into Typhus Mitior and Gravior but this division is rejected by our professor of practice Dr Chapman, as they are the same disease, arising from the same cause, shewing the same symptoms, and requiring the same treatment, with this difference only, that owing to the state of the patient at the time of attack, the one is more mild and slower in its progress than the other.

It is thus defined by Cullen, "a contagious disease, the heat not greatly above



the natural, the pulse small, weak, and for the most-part frequent, the urine little changed, the functions of the sensorium very much disturbed, and the strength greatly diminished."

All ancient authors so far as I know believed it to be contagious, and most of the moderns, but more I believe from the high authority of their predecessors than from any real conviction of its truth. That the ancients should have believed it is not to be wondered at, for besides its fatality which was enough to fix its character in their minds, there is one very imposing circumstance attending it; that is, the cause of this disease never affects persons in the open atmosphere, but is confined exclusively to dwellings and sometimes to a single apartment. In this way we see how it might happen that the nurses or attendants might be infected from the



same cause which produced it in the first instance

Dr Chapman considers it contagious in a low degree and I shall not deny that a patient under certain circumstances may so vitiate the atmosphere as to cause it in others, we know that persons in health when crowded together in close and filthy apartments will produce it on themselves, the term contagion would seem to me to be improperly applied to such a disease.

As my ideas of a contagious disease agree with Dr Caldwell's I shall take the liberty of quoting some of his remarks on this point from ~~Cullen's~~ his edition of Cullen's practice

He says there does not perhaps exist in medical science a point of doctrine that stands on so unstable a foundation, and is at the same time so loosely constructed as that which treats of febrile poisons, on other points we require for our satisfaction experimental demonstration, here we rest





contented with the most equivocal appearances, such as scarcely lay a foundation for the feeblest probability.

A disease marked by a few unusual symptoms attacks at once or in succession a family a neighbourhood or an entire community. This is sufficient nothing further respecting it is sought for. No enquiry is instituted as to its real nature, the mere circumstance of numbers suffering from it is deemed sufficient to fix its character.

But what is contagious? he says "it is a secreted poison, the result of morbid animal action. It is a positive virus, and poisonous certainly from its own qualities, whenever it is applied to a susceptible subject. This it does as well in the rigours of January as in the heats of August, in an open no less than in a confined situation, and in the pure and salubrious air of the country



will suffer a remarkable convulsion the patient is at  
 length with violent heart ache, nausea vomiting of dark  
 bilious matter, sometimes shows little or considerable  
 sweat; eyes, surrounded by intense heat over the  
 whole body, great pulse distended, nervousness  
 more, pulse more variable sometimes fast and weak,  
 and <sup>more</sup> ~~more~~ irregular; at other times it will be  
 weak, weak and irregular for a great time of  
 a week, at the end of the week the patient  
 is able to stand, or to walk, but still he complains  
 of weakness and debility; the time in which he  
 can exist, becomes less, and gradual, more of  
 distress to put it out it becomes tremendous.

As the disease advances, the debility of the  
 muscles of voluntary motion, becomes more con-  
 siderable, the patient is incapable of getting up,  
 often lies on his back; complains much of his  
 head, confusion of ideas wandering of the ima-  
 gination, sometimes delirium, then is the  
 patient in every way with stupid thought,



gion of small pox, kind pox &c

Cullen speaking of the cause of this fever says "to this purpose it is now well known that the effluvia constantly arising from the living human body if long retained in the same place without being diffused in the atmosphere, acquire a singular virulence, and in that state being applied to the bodies of men, become the cause of a fever which is highly contagious

I agree with Dr Cullen in believing that the animal effluvia if long retained will produce the disease, but I also believe that it requires this long retention for its propagation, that is, I do not believe that the effluvia passing immediately from the body of a patient will excite the disease but that it acquires that property after having been sometime retained. There seems to be a pe



culiar state of the atmosphere also required

This is called the remote cause & Dr  
Gullen supposes it acts as a sedative in  
producing the proximate, but as all ac-  
tive agents must be stimulants. this op-  
inion must be erroneous

All debilitating causes which would  
render us liable to an attack of any other  
fever will have the same effect in this

It is not known with any degree  
of certainty the exact length of time between  
the application of the cause and the appear-  
-ance of the symptoms, but I believe it is sup-  
-posed to be never earlier than the tenth, or  
later than the seventieth day

In mild cases the first indications  
are so slight as scarcely to be noticed, but af-  
-ter a few days there comes on a small degree  
of chilliness, a lassitude of the body and  
diminution of motion, a want of appetite

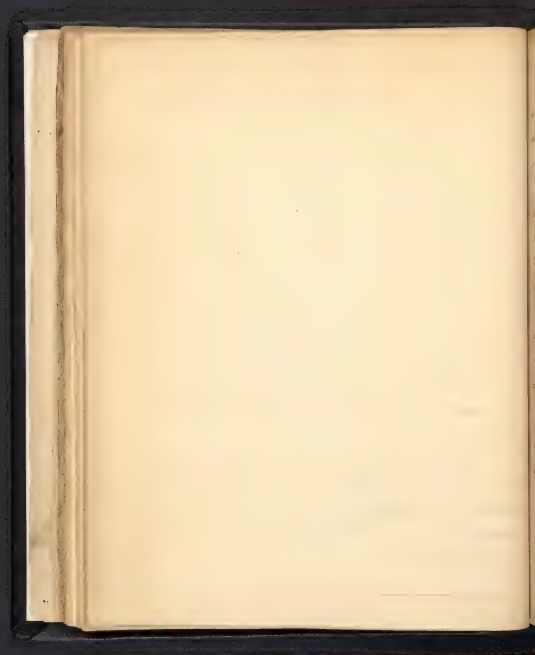




a dullness and dejection of spirits the pulse is not quicker than natural. In the evening these symptoms are increased, but in general never rise so high as when the commencing symptoms are more malignant, though it is apt to run a more protracted course.

In the commencement of the more malignant cases all the symptoms run much higher, the patient complains of pain in the head, the eyes appear heavy and inflamed there is great loss of strength and soreness of the muscles, pain in the back and loins great dejection of spirits, deep sighs, mania and sometimes a vomiting of bilious matter.

As the disease advances all the symptoms are aggravated, accompanied by coma delirium, muttering of low and inarticulate sounds, tremor of the joints arising to subletus tendendum.

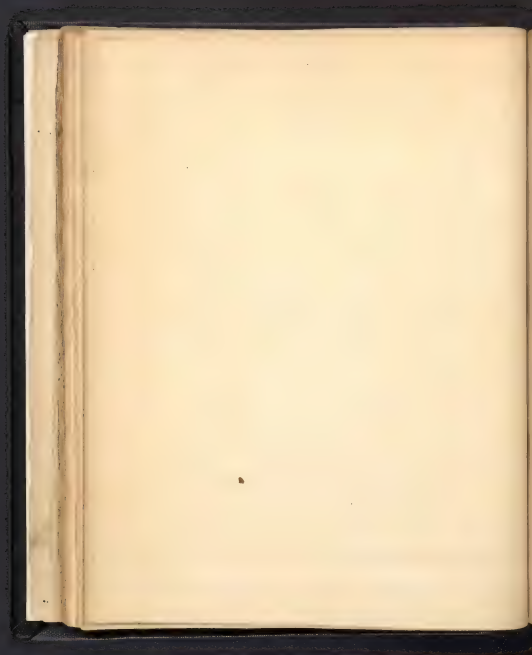


The pulse is quick small and hard, but in a more advanced stage, it becomes small and remulous or intermittent and can scarcely be felt.

The appearance of the urine is subject to great variations, being sometimes of a reddish or flame colour which it preserves for a long time, but it is often pale and changes from time to time in colour as well as consistency.

In the last stages it sometimes deposits a dark and fetid sediment. On a favourable crisis it becomes thick but does not always deposit a sediment.

Most generally the body is cool in the first stages, after the disease has run on for some time it is frequently terminated favourably by a diarrhoea & looaneg. In the worst cases a flux appears in the last stage then the stools are involuntary they have a dark appearance a fetid and cadaverous smell.



The heat in the beginning is moderate even in the advanced state on first touching the skin it seems inconceivable, but upon feeling it for some time you are sensible of a very uncommon heat imparted, an unpleasant sensation to the fingers for a few minutes after removing them.

The skin though for the most part dry and parched yet sometimes there are areas, when here events take place in the latter stages, they are generally felt and offensive.

The tongue is in general dry and without constant care becomes hard and brown with deep chaps, but sometimes it is soft and moist to the last and covered by a mixture of a greenish or yellowish slime.

In the advanced state the breath is offensive and a blackish purring gathers about the roots of the teeth.

In milder cases at this stage some are not de-



lucious but all are under a stupor or confusion, when they do become delirious. This happens most commonly <sup>in</sup> of an evening, the face is flushed, the eyes red the voice sometimes ~~is~~ and the patient strong after the rise.

The patient rarely sleeps soundly and unless delirious has more of a dejected ~~and~~ than usual appearance than is common in other fevers.

In every stage of the disease as the pulse sinks the ~~delirium~~ and tremor increase, and in proportion as the pulse rises the head and spirits are relieved.

There is sometimes from the first affected with a dullness of hearing which towards the last is increased to an almost insensibility.

A petechial eruption appears, accompanied for the most part by hæmorrhage from the mouth, nose, bowels &c. &c. The appearance of the eruption is various, being sometimes of a bright red, sometimes of a pale red, and sometimes of a livid colour.





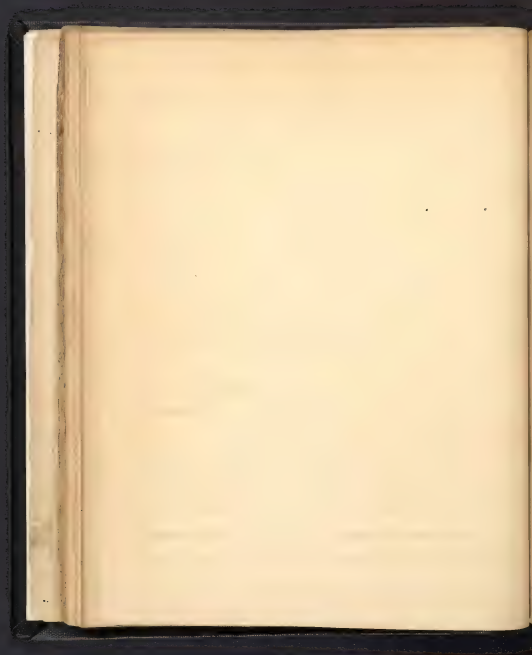
In some it appears as early as the fourth or fifth day, not until the fourteenth day.

The blood in the last stage appears in a dissolved state from the great loss of vital principle. But in some cases where it has been drawn earlier it has a brown or buffy appearance.

The approaches to death are marked by a cadaverous appearance, the strength of body and mind fails, the breathing, or the pulse is lost, the pulse in the wrists and can scarcely be felt, hiccup comes on, the feces are passed involuntarily, the extremities grow cold and by degrees the whole body.

This disease does not run its course generally in less than fourteen or twenty days, and sometimes is protracted to a much longer period.

There is so little difference in the first appearance of this and of any other fever, that it would be impossible to distinguish them, nor is it of any importance, for if the Physician prescribes for the symptoms he cannot go am



sp. however this state of suspense is not of long continuance

Our prognosis is not to be formed from any one symptom, but from them collectively. When there is great loss of strength, with high degree of delirium, muttering of inarticulate sounds, subultus tendens, urine foetid, pulse small and tremulous, purging of bloody and fetid stools, sweats offensive, black and offensive furrings about the teeth, petechial eruption of a livid colour, we hardly dare hope for a favourable termination

But when the symptoms mostly abate, with little stupor or delirium, and then comes on a gentle moisture of the skin, when the urine appears thick, the bowels open, the pulse fuller and less frequent, and sometimes a suppuration of the axillary or parotid glands, we may calculate with much certainty on a favourable termination

Before entering on the treatment - I shall make



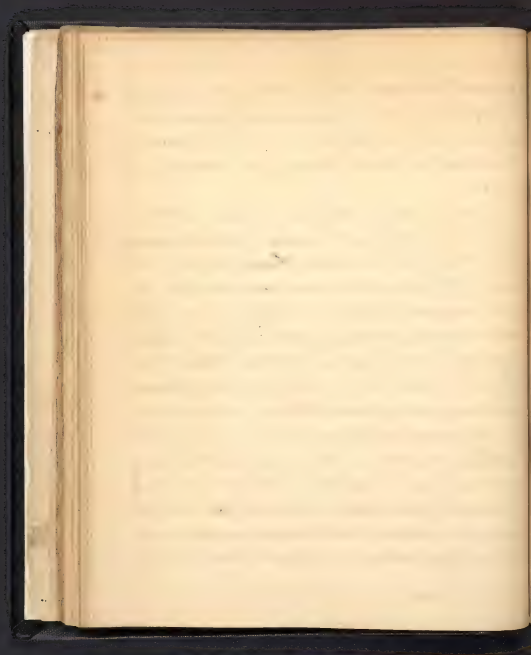
a few remarks on the management of the patient, and first, it is necessary that he should be placed in a well ventilated room, and much noise and company excluded. Secondly, all excrementitious matter should be immediately removed thirdly his body linen as well as the bed clothes which are in immediate contact with his body be frequently changed. These precautions I think are particularly necessary in fevers of this type, in which as I believe, from the great loss of the vital principle, the exhalation from the surface of the body acquires a peculiar heaviness which prevents it from passing off into the atmosphere as in health, from which it happens that the patient not only breathes an impure atmosphere, but the ~~respiration~~<sup>matter</sup> being confined to the surface of the body, impedes the further progress of itself, or the proper stimulus being prevented from being applied, the exhalants act more feebly.

Therefore by keeping up a free ventilation and



frequently changing the bed clothes and body linens  
 we effect in a great measure what I consider the  
 chief use of the cold bath + the cleansing the mouths of  
 the catarrhs and thereby keeping up the insensible perspi-  
 ration.

As I consider the cause of this disease to make  
 its first impression on the stomach, I should commence  
 its treatment with an emetic, ~~this~~ by relieving that  
 viscus of the food which remains undigested from the  
 torpor occasioned by the overwhelming nature of the  
 disease and by producing a relaxation of the surface  
 frequently relieves the patient. The late Dr Rush placed  
 the greatest reliance on it in this stage. But this does  
 not always prove effectual. From the commencement  
 there is generally constipation which it is of the greatest  
 importance to relieve, we know that in health the body  
 as well as mind are depressed by this state of the bowels  
 but are both immediately invigorated after the ope-  
 ration of a cathartic. For this purpose calomel, or cal-  
 omel and jalap combined are thought best. After

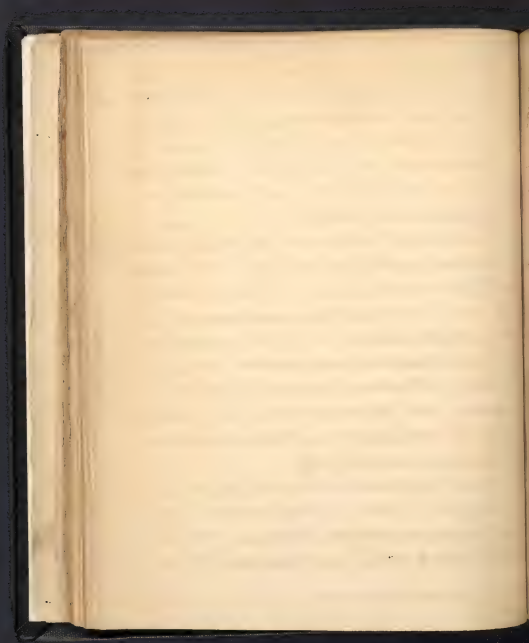




this if the heat of the surface continues, and the pulse quick and hard, small quantities of blood should be drawn and repeated as circumstances required.

For this practice, which though not of modern date is lately revived we have the high authority of Dr. Chapman, but besides his I also recommend it on the authority of a Physician who has experienced the happiest results from its effects. In the district which I have before mentioned, this fever prevailed with great fatality for two winters under the common mode of treatment, but on its accession in the third bloodletting was adopted and was attended with almost universal success. In conjunction with this diaphoretics were used, and of these the Antimonial and Mercurial mixtures were esteemed most highly.

But this practice though highly useful in many cases would not be found so in all and therefore we should not pursue it to the exclusion of all others, and especially the cold



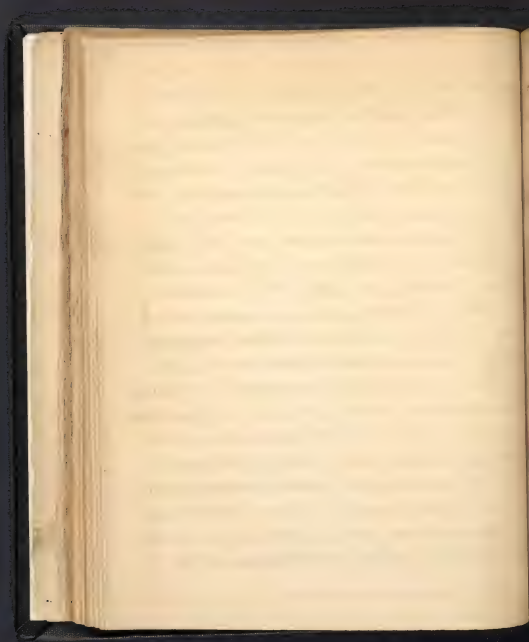
bath, which under the restrictions of its adopted  
father Dr Currie I have no doubt is highly useful

Conjoined with them when there is great affec-  
tion of the head early in the disease, blisters are  
of great importance, they should be applied to the  
back of the neck, between the shoulders, and if  
the degree of delirium demand it, over the whole  
scalp. In some cases they are used merely as stim-  
ulants, then they are applied to the extremities

But if all these prove of no avail and the  
patient is sinking, stimulants become necessary  
and of these the Volatile Alkali, wine camphor  
and opium are all highly recommended - the Volatile  
alkali is given in solution combined with Gum Arabic

Opium is given to arrest the diarrhoea, which  
is sometimes an attendant, weakening the patient  
without any tendency to produce a salutary effect

It is also highly useful in relieving delirium and  
subsultus tendinum, given in doses of a grain, three  
or four times a day. But of all these wine is the

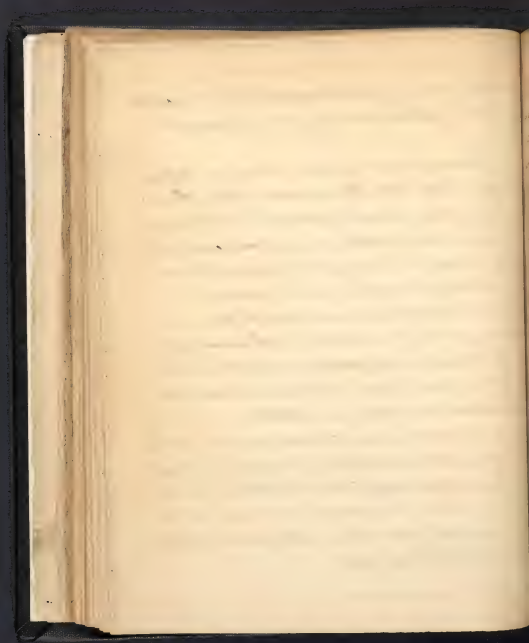


most useful owing to its greater diffusibility. Its quantity should be regulated according to the urgency of the case.

Brandy in extreme cases, in large quantities is useful. I am told that in a case where the extremities of the patient had become completely cold he was restored by taking as much as a quart of strong brandy in twenty-four hours, at the same time rubbing the surface with it warmed.

Bark has been used, and when the fever has a tendency to remit or intermit, with advantage but the stomach is frequently so irritable that it will not bear it, and when this is the case the *Serpentaria* is used as a substitute.

Antispasmodics are also used and not without good effects. those most highly spoken of are Musc. Castor, and *Apasfortida* of these the latter is best, it is given to relieve the subcutaneous tenderness which comes on in the latter stage, but it is much inferior to opium for this purpose.



When Spasmodic appear, the vegetable and Mineral acids are all highly recommended, but the carbonic is most highly esteemed and most commonly used. Dr Thomas speaks in high terms of the mucroatic acid, his dose for an adult is ten or twelve drops with five or six drops of Laudanum, in about an ounce of an infusion of Cascarella or Columbo, this repeated four times a day, gradually increasing the dose, but Dr Chapman is not inclined to place as much reliance in this as some of the others

At this time a furring gathers around the teeth and on the tongue, this should be constantly removed

after all this if the patient still continues sinking, we are not to desert him in despair, but all our former cautions are to be redoubled, and to the other remedies pills of eight or ten grains of Cayenne pepper should be added, the surface should be stimulated by the application of warm





brandy and pepper, and also by Spirits of Turpentine and cantharides, and if he is so far spent that the power of deglutition is lost, the medicines should be administered by injection, increasing the dose threefold. We should never desist from our endeavours, or suffer our hope to sapire, for in this fever cases of the most desperate appearance are sometimes recovered from.

It only remains for me to mention the diet and drink, the diet should be light and of easy digestion, as panada, Tapioca, boiled rice &c. when the patient requires stimulating wine should be added.

Wine whey though not mentioned among the remedies, is an article of no small importance as it is ~~is~~ at the same time nutritious and gently stimulating.

The yolks of eggs beat up with wine recommended by Dr Physick in mortification as least apt to nauseate, would seem to be equally

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fact that the world is  
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proper here, when the other articles did not agree with the patient.

The drink should be acidulated with some of the vegetable acids, the juice of Oranges or Lemons are best, but when they can not be procured any other acid will answer the same purpose.

